



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O.H. Metals		Location 1002 Oswego, St.		Date 2/8/87	
Facility Equipment 1✓	Detax Clock No. —	Weapon No. —	Holster —	Nightstick —	Raincoat 1✓	Flashlight 1✓	Other Gate & Trailer - Keys
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.				Officer—Day Shift (Name) Off. K. Felix		Officer—Swing Shift (Name) Off. Del Vecchio	
				Officer—Grave Shift (Name) Off. Dealing			
Shift Began 8 AM Ended 4 PM				Shift Began 4 PM Ended 12 AM			
Shift Began 12 AM Ended 8 AM							
Observations or actions taken		Yes	No	Explanation			
Rounds or stations missed			✓				
Unlocked doors, gates or windows			✓				
Unlocked vaults or safes			✓				
Fire-smoke-or hazards			✓				
1. Extinguishers missing or defective			✓				
2. Sprinkler system defective			✓				
3. Fire doors or exits blocked			✓				
4. Rubbish accumulation			✓				
5. Motors running			✓				
6. Lights left burning			✓	AS required		AS needed	
Injury hazards			✓				
Visitors			✓				
Trespassing			✓				
Violation of company rules			✓				
Remarks							
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.							
1. Were you injured during this tour?		Day Shift	1.	2.	3.	Swing Shift	1.
		Yes (No)	Yes	No	Yes	No	Yes
2. Did you suffer any illness?		Yes (No)	Yes	No	Yes	No	Yes
3. Have you reported all accidents coming to your attention?		Yes (No)	Yes	No	Yes	No	Yes
Signatures		1	Kenneth Felix		1	Kevin Del Vecchio	
Signatures		2			2		
Signatures		3			3		

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